

To: Stacy Thompson Page 5 of 20

2008-07-28 18:29:32 (GMT)

From: Julia B Towson

07/23/2008 01:50 FAX 2024429430

HRA

004

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/23/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 09G145	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/02/2008
NAME OF PROVIDER OR SUPPLIER MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 4910 ARKANSAS AVENUE, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
W 000	INITIAL COMMENTS This recertification survey was conducted from June 30 through July 3, 2008. The survey was initiated using the fundamental survey process; however, due to repeated deficiencies under Active Treatment and Facility Staffing a full survey was conducted. A random sample of three clients was selected from a residential population of six males. One client in the sample had a diagnosis of moderate mental retardation, one had mild mental retardation, and the third client was diagnosed with severe mental retardation. A fourth client was added as a focus in the area of client protection. The findings of this survey were based on observations at the residence and day program, staff interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident reports and policies.	W 000			
W 126	483.420(a)(4) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore, the facility must allow individual clients to manage their financial affairs and teach them to do so to the extent of their capabilities. This STANDARD is not met as evidenced by: Based on interviews with the Qualified Mental Retardation Professional and record review, the facility failed to ensure the rights of client #3 to be allowed and encouraged to manage the financial affairs and to be taught to do so to the extent of their capabilities.	W 126			

Received 8/7/08

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH REGULATION ADMINISTRATION
825 NORTH CAPITOL ST., N.E., 2ND FLOOR
WASHINGTON, D.C. 20002

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Stacy Thompson *Program Director* *8-4-08*

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited on approved plans, the institution must submit a copy of the plan to the program participation.

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W 126	Continued From page 1 The finding includes: The interdisciplinary team failed to establish a financial objective for client #3 to assist him in learning to handle his financial affairs and to determine his potentials. Interview with the QMRP on July 1, 2008 at 3:50 PM revealed that client #3 required total management for handling finances. Although there was an assessment, there was no evidence attempts had been made to assist client #3 in overcoming barriers in this area.	W 126			
W 153	483.420(d)(2) STAFF TREATMENT OF CLIENTS The facility must ensure that all allegations of mistreatment, neglect or abuse, as well as injuries of unknown source, are reported immediately to the administrator or to other officials in accordance with State law through established procedures. This STANDARD is not met as evidenced by: Based on interview with the Qualified Mental Retardation Professional and review of the investigative report, the facility failed to report to other officials in accordance with State law through established procedures for client #4. The findings include: In February 2008, client #4 could not be located while out in the community with his day program group. The client was located after a "twelve" hour search involving the police and was located unharmed; it was determined that the incident had not been reported to the state agency at the time of this survey.	W 153	W 126 The interdisciplinary team met on 8/5/08 to establish a financial objective for client #3. W 153 The QMRP was retrained on 7/23/08 on proper notification procedures of incidents to the administration and other officials in accordance with State law for the District of Columbia.	8/5/08 7/23/08	

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W 159	<p>483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL</p> <p>Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional.</p> <p>This STANDARD is not met as evidenced by: Based on observations, interviews with clients, staff, and the Qualified Mental Retardation Professional (QMRP), the QMRP failed to ensure that client's active treatment program to include interventions were established, integrated, coordinated and monitored; and failed to ensure the protection of clients' rights for two of three clients in the sample.</p> <p>The findings include:</p> <p>1. [Cross Refer to W227] The QMRP failed to ensure that client #3 assessed communication needs were addressed as evidenced by the following:</p> <p>Client #2's speech assessment dated November 26, 2007 was reviewed on July 2, 2008 at 8:30 AM. The assessment recommended the following: (a) continue to use his sign language, gestures, and Mercury Communication Device (to the extent that he is able) for functional communications; (b) continue to receive training on effective use of the Device at his day program and the SLP or designated trainer should provide the group home staff with weekly updates on his progress (including target vocabulary, and skill level, etc); (c) learn to match pictures with objects and the pictures on his device. Day program should make print outs of the pictures on his device for picture to device training in the home.</p>	W 159	<p>W 159</p> <p>The QMRP and direct care staff were retrained on client active treatment integration, coordination and monitoring.</p> <ol style="list-style-type: none"> 1. The QMRP will develop a training program to address client #2's communication device as well as to have a scrapbook with pictures of family, friends for enhancement purposes by 8/8/08. 2. The QMRP will in-service direct care staff on recommendations outline in client #3's speech and language assessment by 8/8/08. 3. The QMRP will make modifications to client #2's objective and in-service direct care staff on modifications by 8/8/08. 		<p>8/8/08</p> <p>8/8/08</p> <p>8/8/08</p>

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W 159	Continued From page 3 The picture screen should be reduces to 2-3 pictures; (d) residential providers should continue to support and facilitate his use of the device by assisting him with charging, setting up, and activating the device for functional communication; (e) should receive support training on a goal to use photographs-symbols to augment his current communications system; and (f) residential staff should provide client with a scrapbook with pictures of family, friends engaged with him at familiar locations during familiar activities to enhance. The records failed to reflect that the QMRP considered a training program to address the above communication needs.	W 159			
W 189	2. The QMRP failed to ensure that staff were trained to implement recommendations outlined in client #3's speech and language assessment. [Refer to W189] 3. The QMRP failed to ensure that client #2's objective criterions had been considered for revision. [Refer to W255] 483.430(e)(1) STAFF TRAINING PROGRAM The facility must provide each employee with initial and continuing training that enables the employee to perform his or her duties effectively, efficiently, and competently. This STANDARD is not met as evidenced by: Based on review of the training record, the facility failed to provide documented evidence of staff training to ensure competency in performing their job duties.	W 189	W189 The administration has revisited its training programs and each staff at this facility will be retrained on job performance duties by 8/8/08; additionally the administration will ensure that each employee receives continuous training each quarter or as needed basis to enable each employee to effectively and competently perform his/her duties.	8/8/08	

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W 189	Continued From page 4 The finding includes:	W 189			
W 227	<p>The facility staff failed to demonstrate skills in the implementation of client #3's speech and language recommendations. (See W249)</p> <p>483.440(c)(4) INDIVIDUAL PROGRAM PLAN</p> <p>The individual program plan states the specific objectives necessary to meet the client's needs, as identified by the comprehensive assessment required by paragraph (c)(3) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure that the individual program plan states the specific objectives necessary to meet the client's needs for one of three clients in the sample.</p> <p>The finding includes:</p> <p>Upon client #3's arrival to the facility from his day program on June 30 2008, the client was observed to carry a communicative device (Mercury). Although client #3 was observed to follow staff verbal directives, he was not observed or encourage to verbally communicate, to use sign language or to communicate by using the Mercury.</p> <p>The Qualified Mental Retardation Professional, who was interviewed on July 1, 2008 at 3:50 PM, revealed that the facility was not encouraging the use of the Mercury because it had been assessed as "too complicated." The QMRP stated however that the day program had indicated that client #3</p>	W 227	<p>W227</p> <p>The QMRP will in-service direct care staff on recommendations outline in client #3's speech and language assessment by 8/8/08. The QMRP will also visit client # 3's day program and produce an observation report on his use of device to the administration by 8/8/08. In addition, the QMRP will have a Speech training in-service conducted by Speech therapist to direct care staff on client #3's communication system so that he is able to benefit from his training program at his residence as well as day program.</p> <p>The QMRP will ensure that Client #3's IPP will be modified to include objectives addressing the client's other assessed communication needs as outlined in his assessment by 8/8/08.</p>	8/8/08	8/8/08

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W 227	<p>Continued From page 5</p> <p>was doing well with the device and that the client was being taught to make request. When questioned as to the specific training program implemented by the day program, the QMRP was unable to recall the details of the program.</p> <p>The day program staff were interviewed and indicated that the client had an active communication program. The staff reported that the client used the Mercury communication device to request when he needed to use the bathroom and when he wanted a snack. The client was reported to be involved with sign language sessions, and according to staff he comprehended the meaning of some signs.</p> <p>Client #3's speech assessment dated November 26, 2007 was reviewed on July 2, 2008 at 8:30 AM. The assessment recommended the following: (a) continue to use his sign language, gestures, and the Mercury Communication Device (to the extent that he is able) for functional communications; (b) continue to receive training on effective use of the Device at his day program and the SLP or designated trainer should provide the group home staff with weekly updates on his progress (including target vocabulary, and skill level, etc); (c) learn to match pictures with objects and the pictures on his device. Day program should make print outs of the pictures on his device for picture to device training in the home. The picture screen should be reduces to 2-3 pictures; (d) residential providers should continue to support and facilitate his use of the device by assisting him with charging, setting up, and activating the device for functional communication; (e) should receive support training on a goal to use photographs-symbols to augment his current communications system; and</p>	W 227			

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W 227	Continued From page 6 (f) residential staff should provide client with a scrapbook with pictures of family, friends engaged with him at familiar locations during familiar activities to enhance	W 227			
W 249	Client #3's individual program plan (IPP), reviewed on July 1, 2008 at 3:40 PM, revealed an objective that the client would pick up a picture of a van to indicate his desire to travel. The IPP failed to include objectives to address the client's other assessed communication needs as outline in his assessment. 483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, staff interviews and record review, the facility failed to ensure that clients were provided the opportunities for continuous active treatment in accordance with their individual program plans (IPPs). The findings include: 1. There was no evidence that the residential staff continue the day program's communication training program as evidenced below: Upon the client #3's arrival to the facility from his	W 249			

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W 249	Continued From page 8 player to play music of his choice during leisure time. A walk through of the facility failed evidence a small CD player. During interview with QMRP on July 1, 2008 at 3:50 PM, she indicated that client #3 used the large player that was observed in the dining room. Although the client was seated in the living room with the TV on, he appeared not interested in watching TV. There was no attempt by the staff to encourage the client to operate the CD player.	W 249			
W 255	NOTE: One staff interviewed on June 1, 2008 at 4:30 PM indicated that client #3 enjoyed dancing but "doesn't listen to music at the facility." 483.440(f)(1)(i) PROGRAM MONITORING & CHANGE The individual program plan must be reviewed at least by the qualified mental retardation professional and revised as necessary, including, but not limited to situations in which the client has successfully completed an objective or objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on interview with the direct care staff at the facility and review of client's individual program plan (IPP) and documentation of progress, the facility failed to ensure that objective criteria that had been achieved by clients (#2) had been revised. The finding includes: Review of client #2's program data was conducted on July 1, 2008 at 3:04 PM. One of the objectives read "will exchange the correct number of mixed coins for a quarter with one	W 255	W 255 The QMRP will make modifications to client #2's objective and in-service direct care staff on modifications by 8/8/08.	8/8/08	

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W 255	Continued From page 9 single prompt at each step". The documentation revealed that client #2 performed February 2008 - June 2008 at 100% prompts as indicated in the criterion level. The data further reflected that September 2007 - Oct 2007, client #2 performed at 100% independence with supervision which was exceeding the criterion level.	W 255			

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1 000	INITIAL COMMENTS This licensure survey was conducted from June 30 through July 3, 2008. A random sample of three clients was selected from a residential population of six males. One client in the sample had a diagnosis of moderate mental retardation, one had mild mental retardation, and the third client was diagnosed with severe mental retardation. A fourth client was added as a focus in the area of client protection. The findings of this survey were based on observations at the residence and day program, staff interviews at both the group home and day program, review of clinical and administrative records to include the facility's unusual incident reports and policies.	1 000		
1 229	3510.5(f) STAFF TRAINING Each training program shall include, but not be limited to, the following: (f) Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; This Statute is not met as evidenced by: Based on interview with the Qualified Mental Retardation Professional the GHRMP failed to train in Specialty areas related to the GHMRP and the residents to be served including, but not limited to, behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies; The findings include:	1 229	1229 The GHMRP has revisited its staff training policies and structural changes within the organization to ensure that all staff at the facility receives initial orientation training on specialty areas to include behavior management, sexuality, nutrition, recreation, total communications, and assistive technologies relevant to client needs on 8/08/08.	8/8/08

Health Regulation Administration

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Stacy Thompson
Program Director

(X8) DATE

8-4-08

STATE FORM

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If continuation sheet 1 of 6

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1229	Continued From page 1 The Qualified Mental Retardation Professional was requested to located documentation of staff training after the surveyor attempted to look for the documents in a large unorganized binder. The QMRP stated on June 2, 2008 at 10: 50 AM that she was unable to locate documents that evidenced that the professional staff had provided the following training to the direct care staff within the annual time: a) Behavioral Management - Each of the six individuals have behavioral support plans and receive psychotropic medications. b) There was no documented evidence that training in sexuality, total communications, or recreation had been provided to the direct care staff.	1229	a) Behavior management training will be conducted by 8/8/08 at this facility to address BSP's on six individuals who also receive psychotropic medications. b) Training on sexuality, total communications and recreation will be provided to direct care staff by the administration by 8/8/08.	8/8/08 8/8/08
1379	3519.10 EMERGENCIES In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day. This Statute is not met as evidenced by: Based on interview and the review of investigative report, the GHMRP failed to notify the Department of Health, Health Facilities Division of an unusual incident which substantially interfered with a resident's health, welfare, and well being	1379	1379 The QMRP was retrained on 8/4/08 on reporting procedures by telephone and by written notification within (24) hours to the Department of Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way that places the resident at risk.	8/5/08

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PRINTED: 07/23/2008
FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD03-0008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 07/02/2008
NAME OF PROVIDER OR SUPPLIER MARJUL HOMES			STREET ADDRESS, CITY, STATE, ZIP CODE 4910 ARKANSAS AVENUE, NW WASHINGTON, DC 20012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
1379	Continued From page 2 and placed the resident at risk. Notification was not made by telephone immediately and was not followed up by written notification within twenty-four (24) hours or the next work day. The findings include: In February 2008, client #4 could not be located while out in the community with his day program group. The client was located after a "twelve" hour search involving the police and was located unharmed. It was determined that the incident had not been reported to the state agency at the time of this survey.	1379			
1422	3521.3 HABILITATION AND TRAINING Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. This Statute is not met as evidenced by: Based on observation, staff interviews and record review, the GHMRP failed to provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan. The findings include: There was no evidence that the residential staff continue the day program's communication training program as evidenced below: Upon the client #3's arrival to the facility from his day program on June 30 2008, the client was observed to carry a communicative device (Mercury). The staff was observed to charge the Mercury by plugging the unit into the electrical	1422			

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1422	Continued From page 3 socket. The client was not observed or encouraged to use the Mercury. He was also not encouraged by staff to make any attempts to use verbal communications or sign language. The Qualified Mental Retardation Professional, who was interviewed on July 1, 2008 at 3:50 PM, revealed that the facility was not encouraging the use of the Mercury because it had been assessed as "too complicated." The QMRP stated however that the day program had indicated that client #3 was doing well with the device and that the client was being taught to make request. When questioned as to the specific training program implemented by the day program, the QMRP was unable to recall the details of the program. The day program staff were interviewed and indicated that the client had an active communication program. The staff reported that the client used the Mercury communication device to request when he needed to use the bathroom and when he wanted a snack. The client was reported to be involved with sign language sessions, and according to staff he comprehended the meaning of some signs. There was no evidence that the residence provided or continued an active communication program that involved the Mercury and/or sign language. 2. According to client #3's individual program plan reviewed on July 2, 2008 at 10:00 AM, the client had an objective that read "Will operate a small CD player to play music of his choice during leisure time with gest. 3 x 'x' week Mon -Sat." No small CD player was observed in the facility. During interview with QMRP one July 1, 2008 at	1422	1422 The QMRP will have a Speech training in-service conducted by Speech therapist to direct care staff on client #3's communication system so that he is able to benefit from his training program at his residence as well as day program by 8/8/08. QMRP will also produce monthly reports on client #3 training program as well as staff documentation of implementation of his program to the administration every 30 days. 2. QMRP will retrain staff on proper implementation of Client #3's goal to play music of his choice during leisure time to include proper active treatment requirements and engagements of activities to include operations of all CD players in the facility	8/8/08	8/8/08

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1422	Continued From page 4 3:50 PM, she claimed that client #3 used the large player in the dining room. The client was not encouraged to use even the larger CD during the periods that he was observed seated in the living room unoccupied with the TV on that he did not attend to. One staff interviewed on June 1, 2008 at 4:30 PM indicated that client #3 enjoyed dancing but "doesn't listen to music at the facility".	1422			
1424	3521.5(a) HABILITATION AND TRAINING Each GHMRP shall make modifications to the resident's program at least every six (6) months or when the client: (a) Has successfully completed an objective or objectives identified in the Individual Habilitation Plan; This Statute is not met as evidenced by: Based on interview with the direct care staff at the facility and review of client's individual program plan (IPP) and documentation of progress the GHMRP failed to make modifications to the resident's program when the client had successfully completed an objective identified in the Individual Habilitation Plan; The findings include: Review of client #2's program data was conducted on July 1, 2008 at 3:04 PM. One of the objectives read "Will exchange the correct number of mixed coins for a quarter with one single prompt at each step". The documentation revealed that client #2 performed February 2008 - June 2008 at 100% prompts as indicated in the criterion level.	1424	1424 The QMRP will make modifications to client #2's objective and in-service direct care staff on modifications by 8/8/08.		8/8/08

Health Regulation Administration
STATE FORM

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1424	Continued From page 5 The data further reflected that September 2008 - Oct 2008 client #2 performed at 100% independence with supervision which was exceeding the criterion level.	1424			
1442	3521.7(i) HABILITATION AND TRAINING The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas: (i) Time management (including use of leisure time, scheduling activities); This Statute is not met as evidenced by: Based on Interviews with the Qualified Mental Retardation Professional and record review, the GHMRP failed to include, time management (including use of leisure time, scheduling activities);(in) Financial management (including budgeting and banking). The findings include: The Interdisciplinary team failed to establish a financial objective for client #3 to assist him in learning to handle his financial affairs and to determine his potentials. Interview with the QMRP on July 1, 2008 at 3:50 revealed that client #3 required total management for handling finances. Although the client's assessment identified training needs, there was no evidence that attempts had been made to train client #3 in this area.	1442	1442 The QMRP was retrained on time management, scheduling activities, financial management for residents on 8/5/08. The interdisciplinary team met on 8/5/08 to establish a financial objective for client #3.	8/5/08 8/5/08	